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Bib Data Sheet

CONFIRMATION NO. 2911

SERIAL NUMBER 09/839,515	FILING DATE 04/20/2001  RULE	CLASS 713	GROUP ART UNIT 2132	ATTORNEY DOCKET NO. 067470.0137
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None dmd

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None dmd

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/06/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 6	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature			
	Initials			

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## TITLE

Method and apparatus for secure transmission of identifier for removable storage media

FILING FEE  RECEIVED 1358	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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